ST. CHARLES SINCE 1834	**AGENDA ITEM EXECUTIVE SUMMARY**	Agenda Item number: 6
	Title:	Recommendation to approve a proposal for a new Massage Establishment License for Lotus Aum, LLC located at 317 S. Second Street, St. Charles, IL 60174.
	Presenter:	Chief Keegan, Police Department

Meeting: Liquor Control Commission	Date: September 18, 2017	
Proposed Cost: $	Budgeted Amount: $	Not Budgeted: ☐

Executive Summary (*if not budgeted please explain*)**:**

This is a request for a new Massage Establishment License for Lotus Aum, LLC located at 317 S. Second Street, St. Charles. Background investigations were conducted by a detective of the St. Charles Police Department and reviewed both the site location as well as the corresponding applicant of this massage business license application. Through this investigation, we determined that all the requirements have been met and they are eligible for licensing, subject to City Council Approval.

Attachments (*please list*)**:**
Massage Establishment Application.
Background Check
Site Plan

Recommendation/Suggested Action (*briefly explain*)**:**
Recommendation to approve a proposal for a new Massage Establishment License for Lotus Aum, LLC located at 317 S. Second Street, St. Charles, IL 60174.

Police Department

Memo

Date: 9/14/2017

To: Chief Keegan

From: Cmdr. E. Mahan EM 346

Re: Massage License Background / Lotus Aum LLC

The purpose of this memo is to document the background investigation conducted pursuant to a Massage Establishment License Application having been submitted for a business to be located at 317 S. 2nd St. The business, Lotus Aum, is an alternative and holistic health service which plans to offer massage, reiki, meditation, life coaching, and a retail boutique.

Business – Type of ownership:

- LLC

Business name and address:

Lotus Aum LLC

317 S. 2nd St.

St. Charles, IL. 60174

Services to be provided:

- Massage
- Reiki
- Meditation
- Life coaching
- Retail

Premises:

- This business is located in a subdivided building at 317 S. 2nd St.
- The premise is leased by the applicant.

- The building owners are:

  Andy & Kathy Garcia

- The term of the lease is:

  3 years

- Websites and internet addresses associated with this business:

  - www.LotusAum.com
  - Lotus Aum Facebook page

Applicant/Business owner:

Shirley A.A. Voss

310 E. North Av.

Bartlett, IL. 60103

Manager/Supervisor:

Same

Massage Therapist:

Arian Shogren

IDPR License # 227017139

Shirley Voss

IDPR License # 227018817

This business has not previously held or applied for a massage license.

A check of St. Charles, and Bartlett police records showed no history regarding violations of any municipal ordinances or state statutes regulating massage parlors or massage practices.

A check of the Illinois Department of regulation showed that Arian Shogren has an active Massage Therapist License. That license expires 12/31/2018.

A check of the Illinois Department of regulation showed that Shirley Voss has an active Massage Therapist License. That license expires 12/31/2018.

I met with Shirley Voss at the police department on 091417. She was fingerprinted at that time. I provided Shirley with a copy of City of St. Charles Code 5.20 in regards to Massage Establishments. I explained requirements for this type of business and the various regulations. She indicated that she understood. She described her business as a Holistic wellbeing center for women. She stated no illegal activity will be taking place. The interior of her business is still being remodeled. I will conduct a follow up site visit when it is complete. A sign outside of the facility currently shows that the business will be coming soon.

A copy of the building lease agreement and copy of proof of liability insurance are to be provided prior to 09/18/17.

This concludes this background investigation. Recommend Approval.

City of St. Charles

Office of the Mayor

Two East Main Street
St. Charles, Illinois 60174-1984
Phone: 630-377-4445 • Fax: 630-377-6034

ST. CHARLES
SINCE 1834

Office Use Only
Received: _____
Amount Paid: _____
Receipt: _____

MASSAGE ESTABLISHMENT LICENSE APPLICATION

IMPORTANT: Application must be **completed in full** and **notarized** before it will be accepted. **All fees must be paid at the time the application is submitted**.

Annual License Application Fee: $250.00 **Fingerprint Fee:** $50.00 *(if new owner)*

NOTE: Applicant **must be fingerprinted by the St. Charles Police Department** and **must provide two passport-size photographs** (2 x 2 inches, head and shoulders area, facing forward) with this application.

1. ☒ New License Application ☐ Renewal Application ☐ Application Change

2. Please select the option that best describes your business:

   ☒ Corporation LLC ☐ Partnership ☐ Individual

3. Business Name: Lotus Aura LLC Sales Ta[redacted]

   Business Address: 317 S. 2nd. St. Saint Charles 60174 Business Phone: 630-748-8338 temporary ph. number

4. Name of Applicant: Shirley A.A. Voss Home Pho[redacted]

   Home Address: [redacted] City/Zip: Bartlett 60103

   Social Secur[redacted] Date of Birth[redacted]

   Driver's Lice[redacted] Issuing State: IL

   Must include a photocopy of government issued identification card.

5. Have you ever been convicted of a criminal ordinance violation (other than minor traffic offences):

   ☐ Yes ☒ No

6. If yes, explain in detail: NA

7. Days/Hours of Operation: Sun 11-6, Mon 10-8, Tue Closed, Wed 10-8, Thurs 10-8, Fri 10-8, Sat 10-7

8. Will the business be supervised and conducted by a manager:

☒ Yes ☐ No

If no, please explain:

I, ~~the~~ Shirley A.A. Voss, the owner & sole member of Lotus Aroma LLC will supervise the business and act as Manager.

9. Name of Manager: Shirley A.A. Voss Home Phon [redacted]

Home Addre [redacted] City/Zip: Bartlett 60103

Social Security #: [redacted] Date of birth: [redacted]

10. List as indicated previous three years' employment history:

Employer: Elements Massage Phone: 630-232-7335

Address: 507 S. Third St., Geneva Occupation: Licensed Massage Therapist

Dates of employment: From: 03/2016 To: Current

Employer: Stride-Rite Shoes Phone: This Store is now Out of Business

Address: Geneva Commons Occupation: P.T. Sales

Dates of employment: From: 11/2014 To: 09/2015

Employer: Hallmark Cards (Amy's) Phone: 630-428-3850

Address: 95th St & Rt. 59 Naperville Occupation: Sales Associate II (Key Holder)

Dates of employment: From: 9/2012 To: 03/2014

Transferred to Fox Valley Mall Location as Asst. Manager from 03/2014 - 11/2014 Fox Valley Mall Location is no longer open

V2016a

11. Has the manager ever been convicted of a criminal or ordinance violation (other than minor traffic offenses): ☐ Yes ☒ No

If yes, explain in detail: NA

12. Will you operate by appointment only? ☒ Yes ☐ No

13. If you answered Yes to #12, will walk-ins be accepted? ☐ Yes ☒ No

14. License and/or permit history. List all prior Massage Licenses/Permits and current status (use additional sheet if needed):

Issuing authority: IDFPR # 227018817 Status: Active

Issuing authority: IDFPR # 476317491 Status: Expired

see additional sheet

15. Have you or any of your licensed massage therapists been sanctioned by the Illinois Department of Professional Regulation concerning your licensure? **As a reminder and per Illinois law, all Massage Therapists practicing inside the State of Illinois must be licensed by State of Illinois. Out of state licensees are NOT valid in Illinois.** ☐ Yes ☒ No

16. If any prior licenses/permits have been revoked/suspended, state the reason and disposition: NA

Reason: _____ Disposition: _____

Reason: _____ Disposition: _____

17. Describe the building and specific location within the building where the Massage business will be conducted:

****ATTACH A FLOOR LAYOUT/DIAGRAM OF THE BUSINESS****

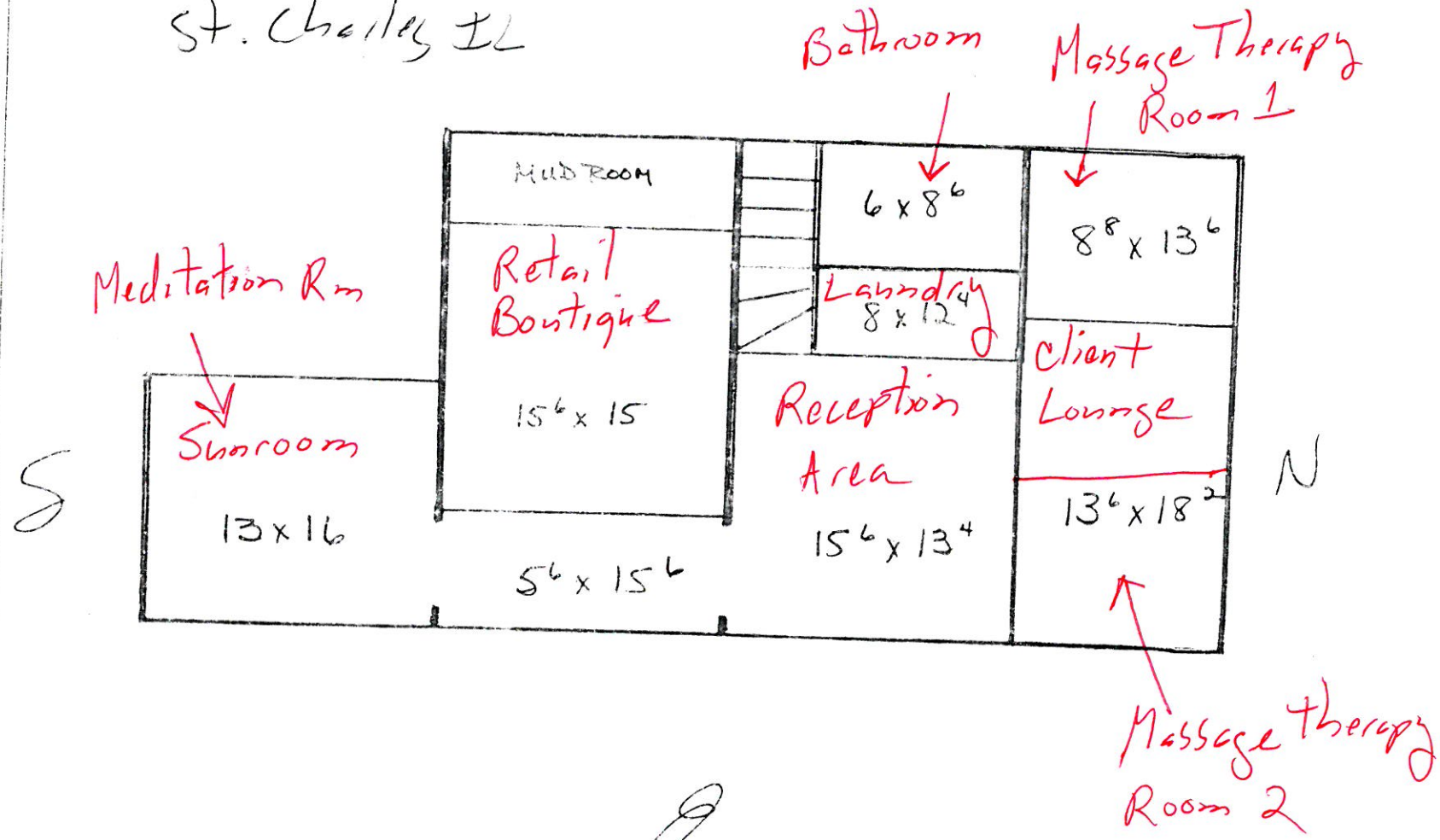
Approximate floor area devoted to the principal business: 1200 sq ft or less

Approximate floor area devoted to Massage stations: 110 sq.ft ; ~~one~~ two rooms

Approximate total floor area of premises: 1200 sq.ft.

Rough sketch of
Floorplan for
Lotus Aum LLC
317 S. 2nd St
St. Charles IL

[redacted]



E

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Business Owner + Manager

Contact

Contact Information

Name	City/State/Zip	DBA/AKA
SHIRLEY A VOSS	Bartlett, IL 60103	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Sponsor	Ever Disciplined
476317491	Licensed Real Estate Salesperson	EXPIRED	02/15/1990	02/15/1990	03/31/1991		N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
227018817	Licensed Massage Therapist	ACTIVE	03/22/2016	12/23/2016	12/31/2018	N

Generated on: 9/5/2017 2:29:52 PM

Illinois Department of Financial and Professional Regulation

Employee

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA/AKA
ARIAN M SHOGREN	Pingree Grove, IL 60140	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
129279903	PERMANENT EMPLOYEE REGISTRATION	NOT RENEWED	01/04/2005	06/15/2011	05/31/2012	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
227017139	Licensed Massage Therapist	ACTIVE	06/26/2014	12/27/2016	12/31/2018	N

Generated on: 9/5/2017 2:35:11 PM

18. Describe other activities or business conducted at this location:

~~Entertainment~~, Reiki, Aromatherapy, Meditation groups, Mindfulness classes, Life coaching, Boutique

19. List as indicated all massage therapists and employees. This list must be updated with the office of the Liquor Commissioner within 10 days of any employment change.

Name: Arian M. Shogren Home phone: [redacted]

Address [redacted] City/Zip: Pingree Grove, IL 60140

Position employed: Licensed Massage Therapist

State of Illinois Massage License Number [redacted]

Name: Shirley A.A. Voss Home phone: [redacted]

Address: [redacted] City/Zip: Bartlett, 60103

Position employed: Owner, Manager, Licensed Massage Therapist

State of Illinois Massage License Number: [redacted]

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

This Section for Corporate or Partnership Applications Only

1. List each officer, director or shareholder owning 20% or more stock or controlling interest of the corporation/partnership:

	Name	Address	Home Phone #	Date of Birth
100%	Shirley AA. Voss	[redacted]		

2. Has any officer, manager, director or shareholder owning 20% or more of the stock of the corporation ever been convicted of a criminal or ordinance violation (other than minor traffic offenses)?

☐ Yes ☒ No

3. If yes, explain in detail: NA

Affidavit

State of Illinois)
) SS
County of Kane)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and that I/we will not violate any of the ordinances of the City of St. Charles or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein.

Signature of Applicant SJ AA Voss

Signature of Applicant_____

I, ORION C. CAREY, a Notary Public in and for said county in the state aforesaid, do hereby certify that the applicant(s), appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this 5 day of SEPTEMBER, 2017.

SEAL

Notary Public

"OFFICIAL SEAL"
ORION C CAREY
Notary Public State of Illinois
My Commission Expires December 14, 2020

V2016a